## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

**Application or Docket Number** 

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE
BA	ASIC FEE					A STATE OF THE STA			i de la companya de l	345.00	OR		690.00
TC	OTAL CLAIMS		/9 minus 20=			*			X\$ 9=		OR	X\$18=	_
INC	DEPENDENT C	LAIMS	Ç minus 3		3 =	* 3			X39=		1	X78=	234
MULTIPLE DEPENDENT CLAIM PRESENT									<u></u>	OR		2)1	
* If the difference in column 1 is less than zero, enter "0" in column 2									+130=		OR	+260=	7 7
									TOTAL		OR	TOTAL	924
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								_	SMALL ENTITY			OTHER THAN SMALL ENTITY	
AMENDMENT A		CL REM AF AMEN				HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	٠		Minus **			=		X\$ 9=		OR	X\$18=	
	Independent			Minus **			=		X39=		OR	X78=	
	FIRST PRESE	NTATIO	ON OF M	ULTIPLE DE	PENC	DENT CLAIM			+130=	-	OR	+260=	
								L	TOTAL		ام	TOTAL	
	(Column 1) (Column 2) (Column 3)										<b>]</b> O.1	ADDIT. FEE	
AMENDMENT B		CL REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	ı	X\$ 9=		OR	X\$18=	
	Independent	*	N OF M	Minus		SENT OLAIM	=		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+260=	•••
								A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
			ımn 1)			olumn 2)	(Column 3)	•		•			
AMENDMENT C		REM.	AIMS AINING TER IDMEN!T		t PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=	r	X39=			X78=	
	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DEF	PEND	ENT CLAIM		-	+130=		OR		
• 14	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+260=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The "Highest Num							r foun	d in the ann	ropriate box	in coli	ımn 1	